FE5AN018

SECRETARY OF THE SENATE PUBLIC PAGE 1/11 15 FFR - 2 D

## REPORT OF RECEIPTS AND DISBURSEMENTS

|--|

For An Authorized Committee			Office Use Only			
1. NAME OF COMMITTEE (in	TYPE OR PRI	IT ▼ Example: over the	If typing, type lines.	12FE4M5		
BELL FOR SE						
					<u> </u>	
ADDRESS (number ar	nd street)			1 1 1 1 1 1 1 1		
Check if difthan previous reported. (A	usly   PALISADES	<u>                                     </u>		NJ 07650	<u>                                     </u>	
	CATION NUMBER ▼	CITY A		STATE A	ZIP CODE ▲ STATE ▼ DISTRICT	
C C0055812	22	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	NJ 00	
(a) Quarterly Ro	PORT (Choose One) eports: i Quarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q3) r 31 Year-End Report (YE) tion Report (TER)	Election on  (c) 30-Day POST-Election	ention (12C)  ention (12C)  to M  f  D  D  to D	General (12G) Special (12S)	in the State of Special (30S) in the State of St	
5. Covering Period	11 / 25	2014 th	rough 12	M / D D / Y 31	2014	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer Alfred A. Angelo						
Signature of Treasurer — And Congl.  Date Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.						
Office Use Only					EC FORM 3 Revised 02/2003)	